

County: Dane  
MERITER HEALTH CENTER  
334 WEST DOTY STREET

Facility ID: 5850

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MADISON 53703 Phone:(608) 283-2100  
Operated from 1/1 To 12/31 Days of Operation: 365  
Operate in Conjunction with Hospital? Yes  
Number of Beds Set Up and Staffed (12/31/02): 120  
Total Licensed Bed Capacity (12/31/02): 120  
Number of Residents on 12/31/02: 116

Ownership: Non-Profit Corporation  
Highest Level License: Skilled  
Operate in Conjunction with CBRF? Yes  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Average Daily Census: 114

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		
Home Health Care	No					1 - 4 Years		38.8
Supp. Home Care-Personal Care	No					More Than 4 Years		38.8
Supp. Home Care-Household Services	No	Developmental Disabilities	0.9	Under 65	4.3			22.4
Day Services	No	Mental Illness (Org./Psy)	11.2	65 - 74	6.9			-----
Respite Care	No	Mental Illness (Other)	3.4	75 - 84	24.1			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	51.7	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.9	95 & Over	12.9	Full-Time Equivalent		
Congregate Meals	No	Cancer	2.6		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	8.6		100.0	(12/31/02)		
Other Meals	Yes	Cardiovascular	13.8	65 & Over	95.7	-----		
Transportation	No	Cerebrovascular	16.4		-----	RNs		12.7
Referral Service	No	Diabetes	7.8	Sex	%	LPNs		19.4
Other Services	No	Respiratory	3.4	-----	-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	31.0	Male	21.6	Aides, & Orderlies		
Mentally Ill	No		-----	Female	78.4			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

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#### Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care					
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	16	100.0	238	0	0.0	0	0	0.0	0	16	25.0	189	0	0.0	0	3	100.0	294	35	30.2
Skilled Care	0	0.0	0	32	97.0	119	0	0.0	0	42	65.6	179	0	0.0	0	0	0.0	0	74	63.8
Intermediate	---	---	---	1	3.0	98	0	0.0	0	4	6.3	175	0	0.0	0	0	0.0	0	5	4.3
Limited Care	---	---	---	0	0.0	0	0	0.0	0	2	3.1	175	0	0.0	0	0	0.0	0	2	1.7
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	16	100.0		33	100.0		0	0.0		64	100.0		0	0.0		3	100.0		116	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02							
		-----							
		% Needing						Total	
Percent Admissions from:		Activities of		% Assistance of		% Totally		Number of	
		Daily Living (ADL)		Independent		One Or Two Staff		Residents	
Private Home/No Home Health		1.2	Bathing		1.7	45.7		52.6	
Private Home/With Home Health		0.3	Dressing		1.7	45.7		52.6	
Other Nursing Homes		1.5	Transferring		5.2	41.4		53.4	
Acute Care Hospitals		95.0	Toilet Use		5.2	41.4		53.4	
Psych. Hosp.-MR/DD Facilities		0.0	Eating		68.1	7.8		24.1	
Rehabilitation Hospitals		0.3							
Other Locations		1.8	*****						
Total Number of Admissions		341	Continence		%	Special Treatments		%	
Percent Discharges To:			Indwelling Or External Catheter		9.5	Receiving Respiratory Care		5.2	
Private Home/No Home Health		20.5	Occ/Freq. Incontinent of Bladder		88.8	Receiving Tracheostomy Care		0.0	
Private Home/With Home Health		40.8	Occ/Freq. Incontinent of Bowel		52.6	Receiving Suctioning		0.0	
Other Nursing Homes		2.9				Receiving Ostomy Care		1.7	
Acute Care Hospitals		12.0	Mobility			Receiving Tube Feeding		0.9	
Psych. Hosp.-MR/DD Facilities		0.0	Physically Restrained		1.7	Receiving Mechanically Altered Diets		34.5	
Rehabilitation Hospitals		1.8							
Other Locations		10.3	Skin Care			Other Resident Characteristics			
Deaths		11.7	With Pressure Sores		6.0	Have Advance Directives			
Total Number of Discharges			With Rashes		0.9	Medications			
(Including Deaths)		341				Receiving Psychoactive Drugs			
			46.6						